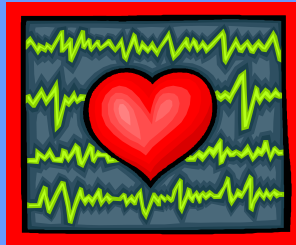




# **The Pulse of the Health Care Workforce in Western Montana**



**By Mary K. Windecker, MPA**

**Created in cooperation with the  
Montana Community Development  
Corporation,  
Missoula Job Service,  
Missoula College of Technology,  
Missoula County Public Schools  
Dickinson Lifelong Learning Center,  
and  
Saint Patrick Hospital**



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## The Pulse of the Health Care Workforce in Western Montana

### *Health care workforce overview –*

The purpose of this report is to create a regional assessment of the health care workforce in western Montana from the perspective of employers and offer recommendations for achieving a more stable workforce. In the fall of 2004, five organizations in the Missoula area met to assess the strengths and weaknesses of the health care workforce in meeting the demands of the health care sector. Montana

Community Development Corporation, the Missoula Job Service, the University of Montana College of Technology, Emma Dickinson

Lifelong Learning Center, and St. Patrick's

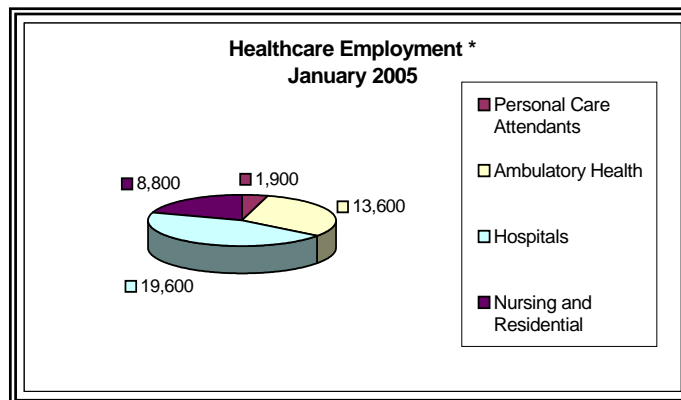
Hospital brought unique perspectives together in order to create this regional assessment.

### *Health care workforce numbers –*

Health care is the largest employer in the private business sector of Montana's economy.<sup>1</sup> Current estimates from the Montana Department of Labor and Industry Research and

Analysis Bureau indicate that 50,800 employees work in Health Care and Services. Of that number, 13,600 are employed in Ambulatory Health, 19,600 in Hospitals, and 8,800 are employed in Nursing and Residential areas.<sup>2</sup> An additional 1,900 are estimated to work as personal care attendants, but this category is not currently tracked by any state entity.<sup>3</sup>

The Montana Hospital Association's Occupational Job



\*MT Dept. of Labor and Industry Research and Analysis Bureau website: <http://www.ourfactsyourfuture.org>.

Projections estimates that registered nurse positions in Montana will increase by 21.7 percent, licensed practical and licensed vocational

nurse positions will increase by 16.4 percent, and nursing

aides, orderlies, and attendants will see an increase in positions of 22.1 percent by the year 2010.<sup>4</sup>

### *Projected needs for health care -*

Health care workforce concerns are increased by the fact that in 2002, 12.4 percent of Americans were age 65 or older. By 2020, that number is expected to climb to 16.6 percent.<sup>5</sup>

This huge growth will increase the need for home health agencies and nursing home facilities in the United States, along with an increased need for registered nurses (RN), licensed practical nurses (LPN), medical assistants (MA), certified nursing assistants (CNA), and personal care attendants (PCA).

The size and rural aspect of the state compound the difficulties of providing health care in Montana. The State of Montana Census and Economic Information Center estimates the state's 2004 population at 926,865, spread over an area of 145,552 square miles. The average wage per job, according to the 2000 U.S. Census information, is \$26,869. The percent of persons in poverty as of 2003 was 14.0 percent, and 16.1 percent of the population is without health insurance.<sup>6</sup>

In addition, Montana ranks fourth in the nation per capita on spending for Medicaid Long Term Care Expenditures, paid to individuals who receive Montana's Home and Community Based Services in order to remain in their homes with the help of a personal care attendant.<sup>7</sup> Clearly, in a state so vast and diverse, Montanans require that accessible, affordable health care continue to be available.

### ***Health care training –***

Health care training encompasses a vast array of education from two-week PCA courses to four-year nursing degrees. Health care training in Western Montana represents complicated relationships between employers, employees, and training organizations.

Figure 1 on page 12 shows the complicated nature of training relationships in the region.

### ***Personal Care Attendants –***

Personal care attendants are specifically trained for home care. They are not currently tracked or registered with any state program or agency, therefore, getting a firm number of PCAs working in the state is impossible. The best guess by the Senior and Long Term Care Division of the Montana Department of Public Health and Human Services puts the number at around 1,900. PCA training can be completed in nursing homes, home health agencies, or not done at all according to the facilities' needs.

Missoula County Public Schools Adult and Continuing Education - Dickinson Lifelong Learning Center in Missoula uses the proposed state curriculum for PCAs developed as part of the DPHHS Senior and Long Term Care Division Montana CHOICE Grant. Dickinson currently contracts with Nightingale Nursing to train PCAs for direct hires to Nightingale as well as other organizations in the area.

Dickinson partnered with Missoula Workforce Center to provide training opportunities to help fill the gap in the work force. Through this partnership, Dickinson has been able to advertise, identify and train individuals who are ready to take the first step on the health care job ladder as a PCA. Some of the students who completed the PCA training have continued on into CNA programs and are now entering the workforce at the second level of caregiver.

### ***Certified Nursing Assistants -***

Certified nursing assistants are trained specifically for facility care. Their training is mandated and regulated by the state and requires state credentials to be hired for facility care. The Senior and Long Term Care Division places the number of CNAs working in Montana at 8,827 as of January 2005. CNAs must complete a 75-hour training program to receive a certificate. Both the Dickinson Life Long Learning Center in Missoula and Salish-Kootenai College in Pablo offer CNA programs, as well as some home health agencies and nursing homes. Dickinson was the first training program to receive grant money from the CHOICE grant for scholarships in the CNA program. The CNA program is offered with a combination of evening and Saturday class times to meet the needs of students or working adults.

CNAs can find employment in hospitals, home health agencies, or nursing homes. A CNA certificate is currently required or strongly recommended for all nursing programs in the state. The national standard requires a valid CNA certificate for admission to nursing programs.

### ***Medical Assistants -***

Medical assistants are trained specifically for outpatient clinical care in physician offices. Medical assistants can be trained on-the-job or attend a one or two-year training program and become certified medical assistants.

The College of Technology in Missoula offers a two-year medical assistant program. Students take the Registered Medical Assistant national certification exam administered by the American Medical Technologists upon completion of the program. MAs

generally work in physician offices or specialty clinics.

### ***Licensed Practical Nurses -***

Licensed practical nurses work under the direction of a physician or registered nurse. The College of Technology in Missoula offers a three-semester licensed practical nursing program. The State of Montana Board of Nursing then licenses students who successfully pass the National Council Licensing Examination. Hospitals, home health agencies, nursing homes, physician offices, or specialty clinics can employ LPNs.

### ***Registered Nurses -***

Registered nurses can receive either a two-year Associate of Science – Nursing (ASN) degree or a four-year Bachelor of Science – Nursing (BSN) degree. Montana State University offers a four-year BSN degree through the University of Montana Campus in Missoula. The Missoula College of Technology will offer a two-year ASN degree beginning in the fall of 2005. Salish-Kootenai College offers the RN/ASN and RN/BSN degrees as a 2+2 completion program. RNs are licensed by the Montana State Board of Nursing and work in hospitals, home health agencies, nursing homes, physician offices, specialty clinics, or public health agencies.<sup>8</sup>

### ***Health care workforce supply and demand issues -***

Health care employers have had difficulty across the board in finding sufficient numbers of employees to fill the PCA/CNA rungs of the health care ladders. Employers attribute many of the difficulties in finding and keeping PCA/CNAs to the non-professional aspects of these job categories.

Rural hospitals also have problems competing with the urban hospitals in pay for LPN and RN positions.

The Montana Department of Labor and Industry calculated the median hourly wage for PCAs at \$7.71, \$8.30 for CNAs, \$10.44 for MAs, \$12.66 for LPNs, and \$19.78 for RNs. At this rate, a PCA working full-time would earn just over \$16,000 a year; a CNA working full-time would earn \$17,264 a year. The poverty level for a family of two is \$16,090, according to the 2005 U.S.

**Employer Problem:**  
The high rate of employee turnover translates into high employee training costs.

Department of Health and Human Services Poverty Guidelines.<sup>9</sup> Very few PCAs or CNAs employed in the home health field receive health insurance or other benefits from their jobs.

Rural areas also experience difficulties in providing ongoing training for staff. Rural hospitals find it difficult to maintain competencies in nursing

skills that are used less often in a rural setting.

### ***PCA and CNA positions -***

Low wages for the PCA and CNA rungs of the health care job ladder have contributed to many of the difficulties employers face in finding sufficient numbers of qualified employees. Wages paid to employees are tied to the Medicaid reimbursement rate employers receive for patient care. Currently, Medicaid reimburses agency-based personal assistance services at \$13.80 per hour. Personal care services that are not agency-based with an approved wage plan are reimbursed at \$12.64 per hour.

Employers interviewed for this report estimated the turnover rate in their organizations for PCA/CNA positions at 50 percent per year. Both Village Health

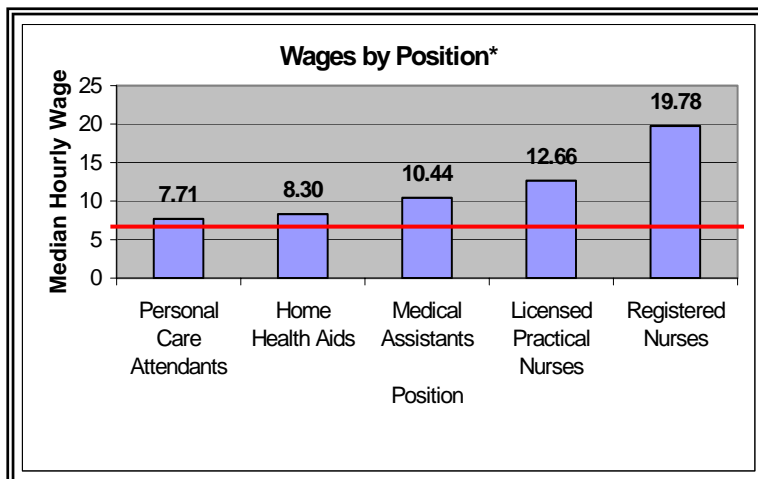
**Employer Problem:**  
High turnover rate for PCAs and CNAs.

Care Center and Nightingale Nursing in Missoula have developed onsite CNA classes in order to train a supply of workers to fill this gap. CNA students receive wages during the training and a raise after successfully completing the program. However, CNAs still move on to either better paying jobs at hospitals or because they are graduating from nursing school.

The Long-Term Care Aid class is taught at Salish-Kootenai College in the

spring. It is also taught over the summer when contracted for by private organizations.

Nursing home and



Median Hourly Wage is from "Montana Economy at a Glance," November 2004, Montana Dept. of Labor and Industry. Red line indicates poverty level per the DPHHS Poverty Guidelines 2005.

home health employers also identified work readiness issues in these categories of employees.

**Employer Problem: Staff workloads increase as staffing decreases.**

Employees often leave within the first three to six months, citing the difficulty of the work for very low pay as the reason. At the low wages commonly paid,

health care employers are competing with retail jobs for employees, and retail jobs are considerably less demanding.

The Montana DPHHS Senior and Long-Term Care Division's CHOICE Grant in 2001 addressed these problems for the PCA population. Focus groups were held throughout the state to identify problems personal care attendants had with their jobs. DPHHS identified several issues, including:

- ◆ Low pay and lack of benefits;
- ◆ Need for better training;
- ◆ Not enough recognition or respect for PCAs.

DPHHS made the following recommendations to address the problems:

- ◆ Develop a central training mechanism.
- ◆ Attract, train, and place older workers as PCAs.
- ◆ Develop a statewide website for PCA training.
- ◆ Develop a public relations campaign to educate communities about available services.
- ◆ Develop caregiver support groups.<sup>10</sup>

The PCA training program in Missoula at Emma Dickinson Lifelong Learning Center was started as a result of these recommendations and currently uses the state's proposed

curriculum. However, half of the students who begin PCA courses drop out before completion citing a variety of reasons including lack of childcare or transportation.

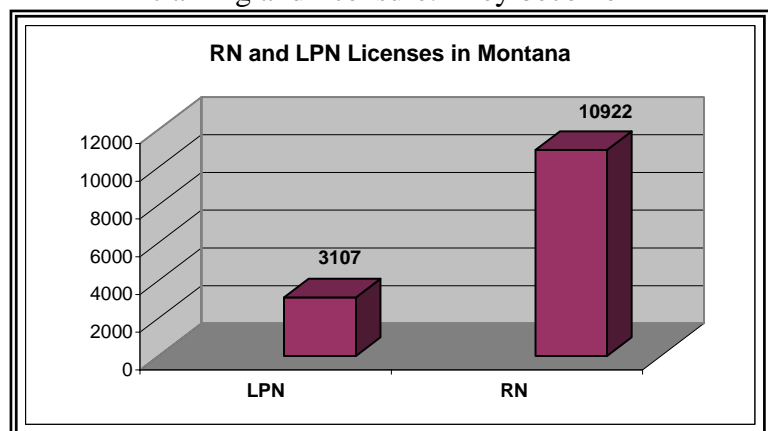
Web-based information for PCAs and consumers of personal assistant services was also created through the CHOICE Grant and can be found at <http://www.dphhs.state.mt.us/sltc/index.htm>.

### ***LPN and RN positions -***

LPN and RN positions are generally much more stable and easier for employers to fill. Rural areas, however, have problems finding sufficient numbers in these categories as well. Both rural areas and nursing homes lose staff to urban hospitals due to the higher rates of pay at the urban hospitals.

**Employer Problem: Rural areas and nursing homes lose staff to urban hospitals with higher pay.**

One employer noted that LPNs and RNs are more committed to their work because of their training and licensure. They become



Numbers provided by MT State Board of Nursing using 12/2006 license expiration date. Includes active and probation licenses including advance practice nursing licenses.

invested in their career and remain longer in jobs. Although PCA or CNAs will return to school to become a LPN or RN, it is less common for a LPN to return to school to become a RN.

PCA and CNA positions serve as points of entry in the health care job ladder, whereas MA, LPN and RN are typically the end rungs.

Salish-Kootenai College in Pablo generally has only three or four LPNs per year who return for advanced nursing degrees. The classes are primarily held Monday through Friday and do not easily accommodate students working full-time. However, SKC directors feel there is a market for such students.

Home health employers noted that availability of PCAs and CNAs is the limiting factor to growth of their businesses. A significant amount of the human resource function in these businesses is devoted to recruitment, retention, and shift-juggling at the PCA/CNA level, and the shortage of people in this position is directly constraining the firm's ability to take on more accounts.

### ***Health care workforce attraction and retention issues –***

Health care workforce attraction and retention remains one of the largest problems for health care employers.

**Employer  
Idea:  
Offer raises  
after short  
intervals to  
encourage  
staff  
commitment.**

Employers have been forced to be creative in trying to solve the workforce problems. A variety of strategies including raising Medicaid reimbursement rates, tiered pay scales, signing bonuses and even free uniforms have been tried.

Some of the home health agencies and nursing homes provide onsite training and pay the employee during that training. The employee then receives a raise if the training is successfully completed. The employee is often then given another raise after a short interval, generally three to six months, which serves as a signing bonus for remaining with the agency. However, home health and nursing home employers still find that they lose approximately half of their CNA and LPN staff to hospitals with better pay and benefits at the end of the initial signing bonus period.

**Employer  
Idea:  
Develop a  
tiered pay  
system to  
reward staff  
with  
experience  
and additional  
responsibility.**

**Employer  
Idea:  
Raise  
Medicaid  
reimbursement  
rates.**

One of the rural hospitals has developed a two-tiered system for CNA positions. Staff is designated a CNA Level I or CNA Level II depending on experience and responsibility. Higher pay is given to staff members who achieve the higher level of responsibility.

House Bill 2 in the 2005 session of the Montana Legislature, which provides funding for all state government, proposed an increase in direct care funding. The legislature added 4.9 million over the biennium for direct care worker increases, which includes 2.6 million from the general fund and 1.4 million in cigarette tax revenue generated by I-149. The legislation was passed in 2005 and will increase the direct care salary by .75

cents an hour and benefits by .26 cents an hour. If the funds are insufficient to raise wages and benefits by that amount, the lowest paid workers are to receive the largest wage increase.<sup>11</sup>

One employer gave free uniforms to employees who had successfully completed the CNA training. Unfortunately, half of the workers never returned to work after receiving their uniforms, so that practice was curtailed.

### ***Health care workforce opportunities and recommendations -***

Given the complexities of the training relationships and the difficulties in retention of the health care workforce in Western Montana, an easy fix is out of the question. Innovative responses to these issues will need to be developed in order to provide sufficient numbers of qualified workers for health care employers. Additionally, solutions will have to overlap the domains of the various employers and training organizations – healthcare workforce shortages are a classic ‘system’ problem and will require integrated, systemic efforts from all the players.

The team has identified a number of opportunities and recommendations of interest.

### ***Opportunities –***

There are currently several training opportunities available in Western Montana to increase the size and quality of the health care workforce.

The College of Technology in Missoula will be moving its health care program into a larger facility for fall 2005. The move will bring larger classrooms and labs for student use, additional room for faculty and additional parking. Shuttles will be available for students who need to move

between the College of Technology and University of Montana campuses. With the additional room, health care program directors hope to expand the health care classes available to students in the future.

Dickinson Lifelong Learning Center is set up to respond to the workforce training needs as quickly as possible. Dickinson prides itself on being a "rapid responder" training facility. The training programs are on a demand driven basis, and the health and safety programs are popular and fill up quickly. There is also a job placement board that is open for employers and individuals to advertise available positions. Dickinson has set up a broad network to assist students with job placement and works in a collaborative effort with placement agencies, home health agencies, hospitals, colleges, home bound individuals and nursing homes to place students after completion of the programs.

Salish-Kootenai College in Pablo offers a 2+2 ASN/BSN program that helps nontraditional students achieve a four-year BSN degree while continuing to work as an RN. The program design requires that students maintain a .4 part-time position during the program. The hybrid program is designed to draw on the workplace setting with online classes and once-a-month classes on campus. This allows students from as far away as Billings and Crow Agency to participate in the program.

In addition, the Montana Legislature’s approval of an additional 4.9 million for direct care workers – those workers who directly care for patients in their homes - will increase the direct care salary by .75 cents per hour and benefits by .26 cents per hour. These

additional funds should help retain direct care workers.

### ***Recommendations –***

Although health care employers have tried creative approaches to recruiting and retaining employees, the tactics have been of only limited success. A broader approach to the problem, encompassing employers, employees, training facilities and health care recipients may be necessary.

### ***Cooperative health care models -***

Cooperative health care models exist throughout the country and are trying innovative and creative ways to provide health care to individuals. Cooperatives have been organized for everything from providing personal care to homebound clients to providing health benefits and childcare to health care employees.

The University of Wisconsin Center for Cooperatives website provides an astonishing array of possibilities for health care cooperatives. This site is available at:

<http://www.wisc.edu/uwcc/links/healthcarelinks.html>.

### ***Home Health Cooperatives -***

One of the oldest health care cooperatives is the Cooperative Home Care Associates (CHCA) in South Bronx, New York. The cooperative was founded in 1985 and employs more than 300 low-income women. The positions pay workers between \$7 and \$8 per hour and offer health insurance and paid vacation time. Seventy percent of CHCA employees are employed full-time, and turnover is just 20 percent annually compared to 40 to 50 percent nationally.

The CHCA model has three essential components:

- ♦ **The enterprise.** The core of CHCA's innovation as an enterprise is to replace the low-investment temporary personnel approach with a strategy of high-investment in front-line employees -- emphasizing careful recruitment, decent wages and benefits, full-time work, and most importantly, ongoing support and counseling. The worker-ownership structure reinforces the enterprise both as a paraprofessional business and as a community of coworkers.
- ♦ **The entry-level training program.** The entry-level program includes four weeks of on-site classroom training, plus 90 days of on-the-job training. The CHCA training model recognizes that many women are uncomfortable in a traditional "school" setting and uses a large amount of role-playing, educational games, simulations, and hands-on demonstrations.
- ♦ **Career upgrading programs.** Since paraprofessional home care can become a dead-end job, the CHCA model emphasizes innovations in creating a career path - both within the home health position and in other health-related employment. CHCA's upgrading programs range from a guaranteed hours program (assuring senior aides a salary-like minimum number of hours per week) to a nurse education program (which has assisted several CHCA aides to become licensed practical nurses).<sup>12</sup>

CHCA also uses a targeted recruitment tactic rather than accepting large numbers of trainees. Only about 35 percent of those interviewed are enrolled, and over 80 percent of those

enrolled graduate and become CHCA employees.

CHCA estimates that it costs \$3,500 to train and employ a home health aide. The cooperative receives funds from private foundations and public welfare-to-work contracts.

Cooperative Home Care in Wautoma, Wisconsin offers a similar service. This organization can be found at: <http://www.co-opcare.com/>.

Current benefits for member-owners include increased pay, workers compensation, time-and-a-half pay for working holidays, 10 days of paid vacation or sick leave, travel reimbursement and health insurance. The cooperative pays 75 percent of the health insurance premium for individuals and 50 percent for family coverage.

Care providers currently earn between \$7.50 and \$9.75 per hour. Benefits add the equivalent of \$2 per hour more and patronage refunds add an extra 50 cents to a worker's hourly wage.<sup>13</sup>

Cooperative Home Care was one of 99 finalists for the American Government Awards, sponsored by the Institute for Government Innovation at Harvard University's John F. Kennedy School of Government.

### ***Shared Services Cooperatives -***

Cooperative models may also provide a solution for two of the main health care employee problems: the lack of quality 24-hour childcare availability and the lack of health benefits for low-paid workers.

Health care employees, particularly workers on the lower paid rungs of the health care ladder, have a difficult time finding safe, reliable childcare for nightshifts. Hospitals face liability issues when considering onsite

daycare for its employees. Organizing workers to develop solutions to their childcare problems may be a step in the right direction for both employees and employers in the health care field.

The University of Wisconsin Center for Cooperatives offers several resources for starting a childcare cooperative at [http://www.wisc.edu/uwcc/info/i\\_pages/childcare.html](http://www.wisc.edu/uwcc/info/i_pages/childcare.html).

Home health agencies and nursing homes could also organize a shared services cooperative to provide health care benefits as a group rather than as individual businesses.

Shared services cooperatives may also be an option for rural hospitals. The United States Department of Agriculture has developed several shared services cooperative resource manuals. (See the USDA manual on shared services cooperatives at <http://www.rurdev.usda.gov/rbs/pub/rr141.pdf>.)<sup>14</sup>

Rural hospitals face difficulties in providing initial training to new employees and competency training to existing employees. Shared services cooperatives could be very beneficial in helping rural hospitals to work together to provide ongoing training needs to staff.

### ***Focused Health Career Fair -***

Although job fairs are held in the area on a regular basis, they have not been particularly effective for the recruitment of health care employees. A focused health career fair specifically for the recruitment individuals into the health care industry may be a more effective solution.

The fair could feature training facilities throughout the region, as well as training opportunities in the health

care arena, such as the PCA and CNA courses available through Dickinson Lifelong Learning Center.

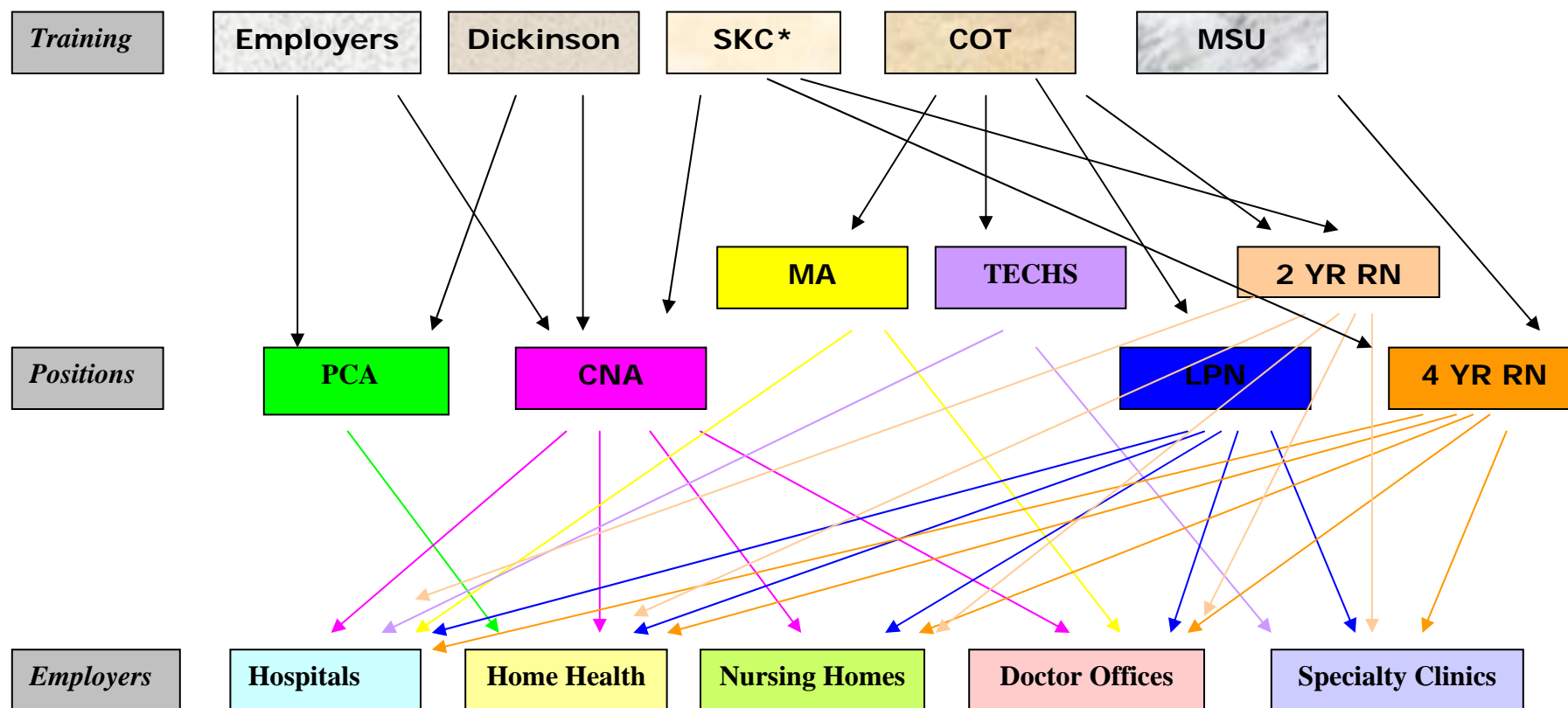
A health career fair limited to a Saturday mid-day may be more beneficial to small employers, such as nursing homes, physician offices, and specialty clinics. Recruitment for all types of health care jobs including dental, medical billing and front desk staff could be included.

Rural employers also have difficulties sending staff to a job fair for an entire day. Providing a fair in a centrally located rural area and targeting individuals seeking rural health care jobs may recruit individuals hoping to remain in or relocate to a rural setting.

Solving the regions health care workforce problems will take innovative, creative and cooperative solutions. Combining the strengths of employers, employees, training facilities, and consumers of health care will be necessary to achieve a more stable workforce in the health care arena in the future.

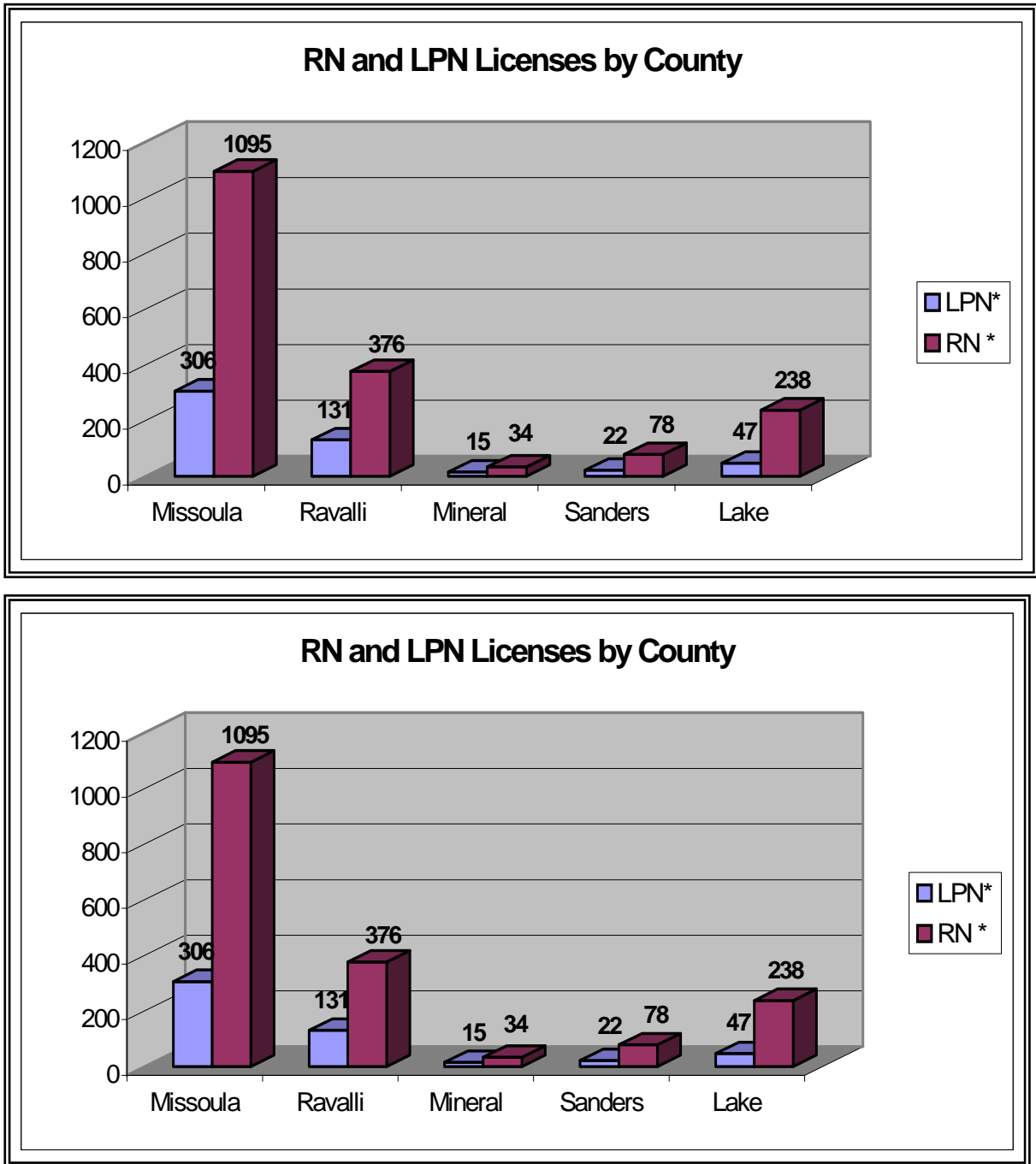
# HEALTH CARE WORKFORCE TRAINING RELATIONSHIPS

Figure 1



\* Salish-Kootenai Tribal College also offers Long-Term Care Aide and Home Health Aide certificates (HHA not recently offered due to low demand). The BSN program is RN/BSN completion (2+2) as differentiated from MSU's 4-year curriculum

1. Figure 2



Numbers provided by the Montana Board of Nursing using 12/2006 license expiration dates. Includes active and probation licenses as well as advanced practicing nursing licenses.

**Nightingale Nursing Interview  
Paul Marshall, Human Resource Director  
November 8, 2004**

**1. What categories of jobs do you hire?**

PCA, CNA, LPN, a few RN's. Paul feels they are very competitive in pay for LPNs with other home health organizations and private offices, but not with the hospitals. However, they offer very flexible schedules, which he feels increases their competitiveness in the market.

LPNs receive \$14.50-\$15.50/hour.

PCA/CNAs receive \$8.71/hour until they have been there six months and then they receive \$9.00/hour. (This is a new policy and was just instituted recently.)

**2. How many staff in each category?**

They generally have 80-100 caregivers (PCA/CNA) and 100-120 LPNs.

**3. What are the difficulties/challenges in hiring?**

He separates the PCA/CNAs from LPNs when considering difficulties/challenges in hiring.

I. For caregivers, Paul divides his workforce into three groups:

1. Long-term caregivers (he estimates 40-50) who have been with the organization for several years.
2. Nursing students who plan to move on in three-nine months.
3. Not work ready people – These are the marginal workers who are trying caregiving and often will not remain after hiring, i.e., not showing up for their first or second shift.

For this group, his challenge is constantly recruiting people and trying to find people who will stay for more than three-six months. Paul estimates this group to consist of about ten positions that are constantly in a state of flux. New hires could be working full-time within a month of hire at any given time. Nightingale advertises, accepts interviews, and begins the course in a very short period, as the people applying require immediate employment. If the period is longer or the eligibility requirements are higher, the applicant pool decreases as the people find other low-paying jobs.

II. For LPNs, Paul has a much more stable population. Because they are licensed, he feels they are much more committed to the work. However, he is always looking for LPNs since the organization is growth-driven. They now have to turn clients away because they do not have enough LPNs available. They always need more.

**4. What do you estimate your turnover rate to be?**

PCA/CNAs: 100% every year with the exception of his core 40-50 caregivers that have been with Nightingale for a long period.

LPNs: Much more stable, much less turnover. Often the LPN leaves because the client has died or no longer needs care. They will be rehired when a client is available.

**5. What training do you provide new hires?**

All employees receive basic orientation for in house policies/procedures, HIPAA, etc.

I. Nightingale provides training for new caregiver hires if they have not been through a PCA/CNA course that consists of a 3-day course (16 hrs PCA training + 4 hrs hands-on training). The trainees are new hires and are paid as employees for attending the training. They then receive OTJ training with the clients and are oriented to each client 1:1 with another PCA for about 1 hr each client.

Nightingale is also contracting with Dickinson for a course currently in session. Unfortunately, they are down to one student remaining out of five who started. They will also be a clinical site for Dickinson. Paul attributes this to the “not-work-ready” that tries many jobs, but remain at few.

Nightingale also provides in-house inservices every other Friday for staff to meet their inservice requirements for the state. PCAs require eight hours/year. CNAs require twelve hours/year. Home Health Aids (HHA) require sixteen hours/year.

II. LPNs receive 1:1 orientation to each client for at least one full shift (eight-twelve hours). Although there is no state requirement for yearly training, Nightingale offers specific training for vent patients, patients requiring Epi-Pen administration as the case requires. They train eight nurses and a couple of back ups for each patient.

**a.) Who provides it?**

Nightingale staff provides the training.

**b.) What is the cost of the training?**

Paul estimates the cost for the initial training for a PCA to be \$150 for a new hire plus the cost of the nurses conducting the training. He feels this is very cost-effective if they stick around for six months.

**6. What is your retention rate?**

He estimates they only retain one-third of the caregivers for four months (with the exception of the 40-50 core caregivers).

**a.) Reimbursement rates drive pay.**

Paul notes that the Medicaid reimbursement rates have not gone up in three years. They are due to go up this year, but it is unclear how much. He has noticed an increasing difficulty in hiring staff because of the low rate of reimbursement. They now need to turn clients away due to staffing shortages.

**b.) Benefits – possibility of a benefit pool?**

Paul doesn't believe many of the employees would be willing to pay for benefits due to the low reimbursement rate. At a cost of \$3/hour, most employees would prefer to have the money.

**7. How do existing employees move up the job ladder?**

All employees are given flexibility on their schedules. If an employee desires to go to nursing school, Nightingale schedules them as they choose. Of course, the students' availability dictates the numbers of hours they can work, which limits their pay.

**- How do you maximize existing employees' potential?**

Paul believes Nightingale is very attractive to nursing students due to the flexibility of the schedules. He feels that if a caregiver has been a good employee, they will remain so after investing time in additional schooling.

## **KEY POINTS:**

- ◆ His largest issue with hiring healthcare workers is the low reimbursement rate. He feels that the reimbursement rate must be raised if they are to continue to be able to hire quality workers. The reimbursement rate is worth less now than it was three years ago, and he is seeing that translate into difficulty hiring.
- ◆ Paul does not see a difference in the quality of the Village Health Care or Nightingale training for caregivers. (This is his first partnership with Dickinson.) He feels it is irrelevant how long the training takes to complete. He believes that the best indicator that a person will be a good employee is if they have had the initiative to complete the training, regardless of the length of time to do that.
- ◆ Paul feels that in many ways they have created their own turnover by lowering the barriers for hire. He believes that training is less of an issue than the “not-work-ready” margin who doesn’t want to work. The interview process is lengthy and includes reference checks. He does not see any pattern regarding young versus alternative employees with the exception of more female than male employees.

**Clark Fork Valley Hospital Interview  
Linda Sund, Director of Nursing  
October 14. 2004**

**1. What categories of jobs do you hire?**

CNA, LPN, RN.

**2. What are the difficulties/challenges in hiring?**

- The reimbursement rate for rural nurses is less and rural hospitals lose staff willing to commute to Missoula.
- There is only one nurse currently available in the per diem pool for Clark Fork Valley Hospital.
- A per diem resources and training pool, including video instruction, would be valuable to the rural hospitals.
- Nurses with spouses are often lost if the spouse cannot find employment in the area.
- A low census in rural hospital can result in reduced work hours for staff.
- It is difficult to keep competency for nurses current in rural hospitals since they perform competency tasks so rarely.

**St. Luke Community Hospital Interview  
Debbie Conrad, Clinical Education Coordinator  
December 2004**

**1. What categories of jobs do you hire? How many staff in each category?**

I can tell you that we hire Ward Clerks, CNAs, LPNs and RNs. We added the Ward Clerks about a year ago and have two full-time and two part-time to cover days and evenings. We currently have eleven CNAs who all work eight-hour shifts. We staff two CNAs on days, two on evenings, and one CNA on night shift. We have only one LPN on staff currently. We have nineteen RNs on staff. Of these, six are charge nurses, six are OB nurses who also function as ER nurses when there is not an OB patient in house, two are full-time ER nurses, and the remaining five are "staff nurses" whose role is to administer medications, manage IVs, change dressings, and help in the ER. We also employ one full-time UR nurse. Our inpatient census varies between five to seventeen patients, with a high of twenty-three and an average of ten. We see over 700 a month in our ER, with an average of twenty-five per day. We also do non-stress tests for OB patients and outpatient nursing treatments nearly every day.

**2. What are the difficulties/challenges in hiring?**

We probably have the most difficulty in recruiting charge nurses and OB nurses. To be a charge nurse in this facility, you have to do it all, i.e.. be ACLS, PALS, and NALS certified, assess and chart on five to fifteen patients, help with UR and discharge planning, help in the ER, and manage a staff of five or six. OB nurses have been hard to recruit because they are also expected to work in the ER quite a bit of the time. Many of them want to do only OB.

**3. What do you estimate your turnover rate to be in each category?**

We have the highest turnover rate in the CNA group. We have a core of three older CNAs who have been here forever, but the rest come and go. Actually, we've kept a pretty steady group now for about two years. Many of them are RN students attending the nursing program at SKC, so we'll lose them as CNAs, but hopefully gain them as RN's! Our charge nurse group has had the least amount of turnover in the 3 1/2 years I've been here. These nurses have worked here a long time, have roots in the community, and have no desire to commute or plans to move away. Our newest employees are in the staff nurse group. We have two new grads and three nurses who have recently moved to the area. Two others are fairly new nurses, just one-two years out of school. On an interesting note, two of our nurses are former travelers who came here to work as agency nurses, and decided to stay.

**4. What training do you provide new hires?**

As far as training, we offer a fairly lengthy orientation period of six-eight weeks in which the new hire is paired with an experienced staff member. Our DON usually spends the first day of orientation with the new hire, just one-on-one. The training then varies, depending on the staff role.

CNAs are trained in how to care for post-op patients, OB patients, babies, and peds patients. They usually come to us with the basic nursing home training, but there is a lot more to learn in our setting. They are trained by the senior CNA staff as they orient.

OB nurses who are new to OB are sent out to classes in fetal heart monitoring and sometimes augment their training with a period of orientation in a larger hospital with a higher OB volume, such as Kalispell. Leah would have cost figures for you if you need them.

**5. What is your retention rate?**

If you need actual numbers for retention rate or cost of training, let me know and I'll see if our DON has that information.

**6. How do existing employees move up the job ladder?**

Existing employees move up the job ladder by taking on more responsibility and more of a leadership role. We have two levels for each category of staff. I can get you the job and level descriptions if you like. Our one LPN, and all of our charge nurses are at the second level. A few of the CNAs are CNA II's.

**a.) How do you maximize existing employees' potential?**

I'm not sure we do a very good job of that. So much of the time it seems we're hanging on by our fingernails just trying to get through the day. There is very little down time in any given shift, and very little willingness on anyone's part to put in any extra time on a day off. I envision having groups do research and share their findings with the rest of the staff. Or have some of the staff take on quality improvement projects. Or have some do community outreach and teaching. I'd like to administer some type of aptitude test that would motivate each staff member to identify a pursuit that would both expand their own career as well as benefit the organization.

Lots of ideas, so little time!

**Village Healthcare Center Interview  
Kathy Hix, Human Resources/Payroll  
February 2005**

**1. What categories of jobs do you hire? How many staff in each category?**

CNA: There are approximately 120 CNAs at the center. Kathy estimates they have a core group of half that remain long-term and half that leave within the first three months. Of the stable core half, most work part-time or on-call.

LPN: There are approximately 18 LPNs. Again, there is a core group of approximately half that remains long-term and the other half are gone within six to twelve months. LPN starting wage at Village is \$12.20/hour.

RN: Village has 18 RNs. Again, half remain long-term and half are gone within eight-ten months. Kathy believes that both RNs and LPNs that move on quickly go to work in the hospitals because of better pay. RN starting wage at Village is \$17.50/hour.

**2. What are the difficulties/challenges in hiring?**

Village's primary problem with hiring is insufficient numbers of workers overall, but primarily with CNAs. Many of the new hires find the work too difficult or unpleasant and move on quickly. Kathy estimates that one out of ten of the CNA population lies on the application regarding a felony conviction and are fired after the background check/abuse registry check that Village performs on every employee. Overall, Kathy's perception is that the pay is too low for the difficulty of the work as a CNA. The LPN/RNs can receive higher pay at hospitals.

**3. What do you estimate your turnover rate to be in each category?**

See question one.

**4. What training do you provide new hires?**

Village holds a CNA class once a month that lasts two weeks. Staff is paid \$5.15/hour during the time in class. After completing the class, they are paid \$7.15/hour. After working 90 days, Village pays the \$96 CNA certification fee, and the employee receives \$8.10/hour. After six months, the employee receives a ten-cent raise and an additional organization-wide raise on July 1<sup>st</sup> each year.

Village has a nurse on staff that performs ongoing training for all healthcare staff. Inservices are routinely held for staff.

**5. What is your retention rate?**

Formal number unknown.

**6. How do existing employees move up the job ladder?**

CNAs receive increases above per question four. LPNs receive a signing bonus of \$150 at six months. RNs receive a signing bonus of \$500 at six months. RNs/LPNs that are going to leave generally remain until they receive the signing bonus and then go to work elsewhere. Full-time employees receive 40 hours of vacation initially, 80 hours after two years, and 120 hours after ten years. There is a 401k plan but the company does not match funds.

- **How do you maximize existing employees' potential?**

CNAs can move up by taking training to become bath aids then restorative aids. Additional training brings raises in the hourly rate (generally thirty-cents/hour).

**Five Valleys Urology Interview  
John O'Connor, Practice Manager  
March 22, 2005**

**1. What categories of jobs do you hire?**

RNs: currently have 4-year RNs but will consider 2-year, LPNs, MAs, Med Techs, and certified lab tech.

**3. How many staff in each category?**

4 RNs, 1 LPN, 1 licensed MA, 1 MA, 1 certified lab tech, 1 certified coder in a practice with 3 urology MDs.

**4. What are the difficulties/challenges in hiring?**

There are no difficulties in finding qualified educated people in Missoula since there are a lot of well educated people in the area. Our problem is finding people with the right combination of education and skills, including clinical skills and being able to learn quickly. We find that candidates either need more money or have more skills than we need and won't be satisfied with the jobs we have available.

**5. What do you estimate your turnover rate to be in each category?**

We have a very low turnover rate. We recently had to terminate someone at end of probation because the job was just too much for them. In Missoula, when you get a good job, you stick with it. We pay above average for the area:

- RN average range is \$18.00-\$22.00/hour.
- LPN average range is \$13.50-\$15.50/hour.
- MA average range is \$10.00-\$15.00/hour.

We always get lots of applicants when there is an opening.

**6. What training do you provide new hires?**

We do a two-week formal orientation program with a book that we've developed. Then two-weeks of shadowing and tasks with hands-on training. Then one month of half-shadow and half-independent, involving semi-formal training with peer reviews. We have a probation period of 90 days.

**- Who provides it?**

Training is provided by experienced staff. We do not have a dedicated trainer.

**- What is the cost of the training?**

We've never figured that exactly but I would guess it is around \$3,000 per employee.

**7. What is your retention rate?**

I didn't calculate it for last year, but our rate before that was 80% using the retention formula. I would guess it to be the same for last year.

**7. How do existing employees move up the job ladder?**

We try to do job enhancement. Employees occasionally move up the ladder but not usually in clinical care. The scope of practice forbids moving without additional training. We tend to add more job duties and responsibilities, which gives us leeway when it comes time for merit raises.

We had an MA who went back to get her LPN degree, but that was before she came to work for us. We hired her as an LPN. She used state funding to go back and do that since she's a single mom. She's a real success story.

We had a new grad that was very young. She decided to go back to school to get her RN degree because she just didn't feel she was doing enough. We still use her on a PRN basis.

**KEY POINTS:**

- Small employers find it a little intimidating to use job fairs. If there were something that small employers could do as a combination that was more informal, it would be very helpful. We may only have one job available and job fairs seem to be geared toward larger employers. A second area for independent employers who can't spend all day at the job fair would be great. Maybe post available jobs in the area with smaller employers and have people take turns manning the booth.
- We would also consider working as an internship. I had that discussion a year or so ago with COT but we didn't follow through. We'd be very interested in having MA or LPN interns since you find great employees that way.

## NOTES:

<sup>1</sup> Seninger, Steve, Ph.D., "Health Care Spending and Costs," Montana Business Quarterly, Spring 2003.

<sup>2</sup> Montana Department of Labor and Industry Research and Analysis Bureau website  
<http://www.ourfactsyourfuture.org>. Downloaded 3/22/2005.

<sup>3</sup> Montana Department of Public Health and Human Services (DPHHS), Senior and Long Term Care Division.

<sup>4</sup> Montana Hospital Association (MHA), "At-A-Glance 2004," p. 25. Information compiled from the MHA Workforce Survey, 2003.

<sup>5</sup> MHA "At-A-Glance 2004," p. 26.

<sup>6</sup> Montana Census and Economic Information Center, "Montana by the Numbers," Census 2000.

<sup>7</sup> Montana DPHHS, Senior and Long Term Care Division, "Montana CHOICE Grant," 2002.

<sup>8</sup> Montana State Board of Nursing using 12/31/2006 license expiration date. Includes active and probation licenses.

<sup>9</sup> U.S. Department of Health and Human Services Poverty Guidelines website

<http://aspe.hhs.gov/poverty/05poverty.shtml>.

Downloaded 3/31/05.

<sup>10</sup> Montana DPHHS CHOICE Grant.

<sup>11</sup> Montana DPHHS.

<sup>12</sup> University of Wisconsin Center for Cooperatives: Cooperative Home Care Associates website at

[http://www.wisc.edu/uwcc/info/1\\_pages/chca.html](http://www.wisc.edu/uwcc/info/1_pages/chca.html).

<sup>13</sup> United States Department of Agriculture, Rural Cooperatives Magazine, May/June 2003.

<http://www.rurdev.usda.gov/rbs/pub/may03/mayjune.pdf>

<sup>14</sup> United States Department of Agriculture, Rural Development Rural Business-Cooperative Service FIBS Research Report 141 at <http://www.rurdev.usda.gov/rbs/pub/rr141.pdf>.